



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

|                        |   |                                |   |
|------------------------|---|--------------------------------|---|
| <b>Agency:</b>         | Progressive Behavior Systems  | <b>Region(s):</b>              | 5   |
| <b>Agency Type:</b>    | Res Hab   | <b>Survey Dates:</b>           | 05/01/17-05/03/17   |
| <b>Certificate(s):</b> | RHA-1108 512 6 <sup>th</sup> Street South, Rupert<br>RHA-1109 155 2 <sup>nd</sup> Ave N Suite 102, Twin Falls<br>RHA-5373 155 2 <sup>nd</sup> Ave N Suite 103, Twin Falls | <b>Certificate(s) Granted:</b> | <input type="checkbox"/> 6 - Month Provisional<br><input type="checkbox"/> 1 - Year Full<br><input checked="" type="checkbox"/> 3 - Year Full |

| Rule Reference/Text  | Findings   | Agency's Plan of Correction<br>(Please refer to the Statement of Deficiencies cover letter for guidance)   | Date to be Corrected<br>(mm/dd/yyyy) |
|--|--|--|--------------------------------------|
| 16.04.17.301.03.j<br>301. PERSONNEL.<br>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following:<br>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04) | Two of twenty-one employee record review lacked documentation of satisfactory completion of criminal history checks in accordance with rule requirements.<br><br>For example:<br>Employee 4's record lacked documentation the agency printed the employee's clearance within 14 calendar days per IDAPA 16.05.06.190.01. The clearance was available 03/10/16 and was not printed until 04/06/16.<br>Employee 6's record lacked documentation the agency printed the employee's clearance within 14 calendar | 1. HR (for each location) will document on the employee profile sheet when the clearance letter has been printed off.<br>2. HR will sign each employee file for the date of when the clearance letter has been printed.<br>3. HR, Program Director and QA will be responsible to ensure that a clearance letter is printed off within 14 days.<br>4. Program Director and QA will conduct quarterly reviews to monitor employee files. | 6/1/2017                             |



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|   | days per IDAPA 16.05.06.190.01. The clearance was available 10/08/15 and not printed until 02/01/16.  |  |   |
| 16.04.17.302.05.<br>302.SERVICE PROVISION PROCEDURES.<br>05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04) | Three of four participant record lack evidence the agency submitted semiannual and annual status reviews to the plan monitor per rule requirements.<br><br>For example:<br>Participant 1's Provider Status Review was completed 04/17, but no evidence submitted to the plan monitor.<br>Participant 2's Provider Status Review was completed 04/17, but no evidence submitted to the plan monitor.<br>Participant 3's Provider Status Review was completed 02/17, but no evidence submitted to the plan monitor. | <i>1. The QIDP will document all semiannual and annual PSR to the TSC/PD.<br/>2. The QIDP will sign and document when the semiannual and annual PSR are submitted to the TSC/PD. A copy will also be kept in participant's file.<br/>3. QIDP will be responsible to implement and monitor.<br/>4. The QIDP and QA will conduct a quarterly review to ensure that 6 and 12 month PSR have been submitted to the TSC/PD.</i> | 6/1/2017                                |
| 16.04.17.404.04.<br>404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal  | One of four participant record lack documentation the agency notified the Department within 24 hours of law enforcement involvement per rule requirements.  | <i>1. Administrator will retrain each Program Director on when a CIR is to be submitted: hospitalization, adult protection, death, law enforcement and</i>   | 6/1/2017                                |



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| guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and<br>04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the | For example:<br>Participant 1's record lacked documentation two incidents that involved law enforcement dated 03/17/17 and 03/27/17 were reported to the Department. | <i>serious illness, accident and emergency medical care.</i><br><i>2. Program Director will review files to ensure that other incidents have not been missed.</i><br><i>3. Administrator and Program Director will make sure that our new procedure is in place 6.1.17.</i><br><i>4. Administrator, Program Director and QIDP will communicate daily.</i> |                                      |



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| events must be documented in the<br>participant file. (3-29-12) |          |   |   |

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| <b>Agency Representative &amp; Title:</b> Branden Smalley MSW QIDP<br><i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>   | <b>Date Submitted:</b> 5/22/2017 |
| <b>Department Representative &amp; Title:</b> <i>Pam Loveland-Schmidt, Licensing &amp; Certification</i><br><i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i> | <b>Date Approved:</b> 5/30/2017  |